

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012946

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3620

STATE FILE NUMBER

FILED APR 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Illinois** b. COUNTY **Williamson**c. CITY
OR
TOWN **Hurst**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR **St. Louis-Little Rock**
INSTITUTION **Hospital, Inc.**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
General DeliveryReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First **Patrick**Middle **Edgar**Last **McConnell**

4. DATE OF DEATH

Month **April**Day **4**Year **1962**5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3-17-18939. AGE (last birthday)
69IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Pensr. Water Pumper10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Modoc, Illinois12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

John McConnell

13b. MOTHER'S MAIDEN NAME

Lena Barr

14. NAME OF HUSBAND OR WIFE

Eleanor15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eleanor McConnell, Hurst, Ill.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cardiac failure acute
Atherosclerotic heart disease
4200H**INTERVAL BETWEEN
ONSET AND DEATH
3 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**Pneumonecystosis, left (old) for carcinoma**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 1, 1962** to **April 4, 1962** and last saw him alive on **April 4, 1962**
Death occurred at **10:35 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 S. Grand Blvd.

22c. DATE SIGNED

4/5/6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

4-6-62

23c. NAME OF CEMETERY OR CREMATORY

St. Leo's Cemetery

23d. LOCATION (City, town, or county)

Modoc, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dashner Funeral Home, Red Bud, Ill.

25. DATE RECD. BY LOCAL REG.

APR 5 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.